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## OLR Bill Analysis

### SB 599

#### ***AN ACT CONCERNING DISPENSATION AND INSURANCE COVERAGE OF A PRESCRIBED DRUG DURING REVIEW OF AN ADVERSE DETERMINATION OR A FINAL ADVERSE DETERMINATION.***

#### **SUMMARY:**

This bill requires health insurers to authorize an insured's pharmacy to fill a prescription if the insured or his or her authorized representative files a grievance or requests a review of an adverse determination (e.g., a claim denial) or final adverse determination related to dispensing a drug prescribed by a licensed participating provider. The authorization must be made immediately and electronically and must last for the duration of the grievance or review. The insurer must confirm that it will pay for the supply of the drug.

EFFECTIVE DATE: October 1, 2013

#### **BACKGROUND**

##### ***Adverse Determinations***

By law, a health insurer must promptly provide an insured and, if applicable, his or her authorized representative with a notice of an adverse determination. The insurer must review adverse determinations at the request of the insured. The insurer must notify the insured and, if applicable, his or her authorized representative of its decision following a review of its determination. An insured or an authorized representative may request an external review of an adverse or a final adverse determination.

#### **COMMITTEE ACTION**

Insurance and Real Estate Committee

Joint Favorable

Yea 12 Nay 7 (02/05/2013)